SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average b	urden

4		
	hours per response:	0.5
	Estimated average burden	

1. Name and Address of Reporting Person [*] Stratton Kenneth Blair			2. Issuer Name and Ticker or Trading Symbol <u>STEMCELLS INC</u> [STEM]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) (Eirst) (Middle)				X Officer (give title Other (specify below) below)
(Last) (First) (Middle) C/O STEMCELLS, INC. 7707 GATEWAY BLVD, STE 140 (Street) NEWARK CA 94560			3. Date of Earliest Transaction (Month/Day/Year) 05/26/2015	General Counsel
		94560	4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v			Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	05/26/2015		F ⁽¹⁾		26,306	D	\$0.68	661,074 ⁽²⁾	D		
Common Stock								21,131	I	By 401(k) Plan ⁽³⁾	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(0.5., pare, cane, cane, concerned, concerned)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	vative rities ired r osed) . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amou Securi Under Deriva Securi and 4)	nt of ities lying itive ity (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This is recorded as a Code F disposition because the shares were used by the reporting person to pay a tax liability incurred by him from the delivery of shares incident to the vesting of restricted stock units. 2. Includes (1) 140,000 restricted stock units, with 70,000 of these vesting on each of May 24, 2016, and May 24, 2017; (2) 32,500 restricted stock units vesting on January 27, 2016; (3) 240,000 restricted stock units, with 80,000 of these vesting on each of January 8, 2017, and January 8, 2018; and (4) 80,000 restricted stock units with performance based vesting.

3. Includes shares held in 401(k) account in accordance with issuer's employer-match policies.

Remarks:

/s/ George Koshy, Chief

Accounting Officer

05/28/2015

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Date